

Please complete this form prior to your pet's wellness visit

Client name: _____

Appointment date: _____

Pet name: _____

Any changes to:

Activity level? _____ NO
 _____ Increased
 _____ Decreased

Drinking? _____ NO
 _____ Increased
 _____ Decreased

Eating? _____ NO
 _____ Increased
 _____ Decreased

Urination? _____ NO
 _____ Increased
 _____ Decreased

Defecation? _____ NO
 _____ Increased
 _____ Decreased

Teeth/gums: _____ NO
 _____ Odor
 _____ Difficulty eating

Fur/skin: _____ NO
_____ Dry/flaky
_____ Oily
_____ Redness
_____ Itchy
_____ Lumps/bumps: _____

Other concerns/changes:

What are you feeding your pet? _____

Total cups/day: _____

How often do you feed?: _____ free feed _____ time(s)/day

Please list all medications/supplements that you give your pet:

Is your pet exposed to other animals outside of your home?
_____ groomer _____ boarding/kennel _____ obedience classes/play groups
_____ dog park

Is your pet a working animal?
_____ service/therapy pet _____ show/obedience _____ hunting

Does your pet travel with you to other regions?
_____ No _____ yes: _____

Percent of time this pet spends outdoors: _____%

Are there any vulnerable people who live at your house or visit regularly? (EX: young children, elderly or immunosuppressed people)? _____ NO _____ YES